

## DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary.

### PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

### PART II - BACKGROUND INFORMATION

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Discuss Initial Counseling for Family Care Plan IAW AR 600-20.
- Ensure that the soldier understands the importance of a valid family care plan.

### PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

#### Key Points of Discussion:

(Rank/Name) \_\_\_\_\_, you are currently (a single parent) (a member of a dual military couple with children). As a result, you are required to maintain a Family Care Plan. During this counseling session, I will inform you of the items you are required to maintain in your Family Care Plan. You will have 30 days from today's date to present your completed Family Care Plan to me. Failure to complete your Family Care Plan could result in a Bar to Reenlistment or separation from the military. Once your family care plan has been validated, you are required to update your family care plan at a minimum of: once a year during your birth month; if any changes occur that make your plan invalid; or as otherwise directed by the Chain of Command. You must also understand that the command may require you to execute your Family Care Plan for testing the validity (for example: during exercises, alerts, and other unit activities). The command may periodically call your providers or guardians to ensure that they understand their responsibilities.

You are required to maintain the following forms in you Family Care Plan packet:

1. \_\_\_\_ DA Form 5304-R (Family Care Plan Counseling) (Signed by the Commander or designated representative and Spouse's Commander or designated representative when dual military)
2. \_\_\_\_ DA Form 5305-R (Family Care Plan) (Signed by the Commander and Spouse's Commander when dual military)
3. \_\_\_\_ DA Form 5841-R (Special Power of Attorney for Guardianship) (Copy)
4. \_\_\_\_ DA Form 5840-R (Certificate of Acceptance for Guardianship and Escort) (Original)
5. \_\_\_\_ DD Form 1172 (ID Card Application - one per dependent)
6. \_\_\_\_ DD Form 2558 (Allotment Form or other proof of financial support)
7. \_\_\_\_ Letter of Instruction to Guardian(s) and Escort (Copy)
8. \_\_\_\_ Will (optional)

### OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

**Plan of Action:** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

- Soldier stated that he/she understood the contents of the counseling. Soldier was directed to return to my office no later than (date approximately 30 days from the date of counseling) \_\_\_\_\_, for the final review and validation of the Family Care Plan. I also explained that should the soldier need more time to complete the Family Care Plan, they could request an extension in writing explaining why the extension is required.
- For information purposes only, reviewed with the soldier that failure to maintain a family care plan could result in separation from the military. In addition, reviewed requirements of AR 635-200, para 1-18(a) and notification of possible separation.
- Requested that soldier list any areas that may currently be a problem:

**Session Closing:** (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** (Leader's responsibilities in implementing the plan of action.)

- Conduct review/assessment with soldier on (date)\_\_\_\_\_.
- Conduct review of notification of separation (information only).

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART IV - ASSESSMENT OF THE PLAN OF ACTION

**Assessment:** (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: \_\_\_\_\_ Individual \_\_\_\_\_ Date of \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.